

Americans are only about 14 percent of the entire population."

Gambrell lives in Detroit's 48235 ZIP code, a coronavirus hot zone with the highest infection rate per capita—162 cases per 10,000 residents—and the highest number of confirmed cases of the virus at 724, according to data released Friday by the city.

Denise Fair, Detroit's chief public health officer, said coronavirus testing remains a barrier for many in the community, as does access to care.

"It's estimated that there are upwards of 10 people with undetected infections for every confirmed case, and in some communities, the estimates are even higher," she said.

Dozens of factors feed the health disparities for people of color, said Khaldun, who formerly worked as the director and health officer for the Detroit Department of Health.

[From the American Cancer Society]
CANCER DISPARITIES IN THE BLACK
COMMUNITY

African Americans have a higher cancer burden and face greater obstacles to cancer prevention, detection, treatment, and survival. In fact, Black people have the highest death rate and shortest survival of any racial/ethnic group for most cancers in the U.S. Research has shown that:

African Americans experience more illness, worse outcomes, and premature death compared to whites.

African Americans have the highest death rate and shortest survival of any racial/ethnic group for most cancers. African American men also have the highest cancer incidence.

Cancer death rates in black men is twice as high as in Asians and Pacific Islanders, who have the lowest rates.

Prostate cancer death rates in black men are more than double those of every other racial/ethnic group.

Black women are 40 percent more likely to die of breast cancer than white women and are twice as likely to die if they are over 50.

About a third of Africa American women reported experiencing racial discrimination at a health provider visit.

Living in segregated communities and areas highly populated with African Americans has been associated with increased chances of getting diagnosed with cancer after it has spread, along with having higher death rates and lower rates of survival from breast and lung cancers.

HEALTH DISPARITIES IN THE UNITED STATES
AFRICAN AMERICANS OR BLACK AMERICANS

An African American or Black person is any individual with total or partial ancestry from any of the Black racial groups of Africa.

HEALTH COVERAGE

In 2017, 10.6 percent of African Americans were uninsured compared with 5.9 percent of non-Hispanic whites.

89.4 percent of African Americans had health care coverage in 2017 compared with 93.7 percent of white Americans.

44.1 percent of African Americans had government health insurance coverage in 2017.

12.1 percent of Africans Americans under the age of 65 reported having no health insurance coverage.

CHRONIC HEALTH CONDITIONS

13.8 percent of African Americans reported having fair or poor health compared with 8.3 percent of non-Hispanic whites.

Eighty percent of African American women are overweight or obese compared to 64.8 percent of non-Hispanic white women.

In 2017, 12.6 percent of African American children had asthma compared with 7.7 per-

cent of non-Hispanic white children. Forty-two percent of African American adults over age 20 suffer from hypertension compared with 28.7 percent of non-Hispanic white adults.

MENTAL HEALTH

In 2018, 8.7 percent of African American adults received mental health services compared with 18.6 percent of non-Hispanic white adults.

6.2 percent of African American adults received prescription medication for mental health services compared with 15.3 percent of non-Hispanic white adults.

In 2018, 3.8 percent of African American adults reported serious psychological distress.

LEADING CAUSES OF DEATH

The leading causes of death among African Americans are heart disease, cancer, and accidents.

African Americans have the highest mortality rate for all cancers combined compared with any other racial and ethnic group.

There are 11 infant deaths per 1,000 live births among Black Americans. This is almost twice the national average of 5.8 infant deaths per 1,000 live births.

11.4 per 100,000 African American men and 2.8 per 100,000 of African American women die by suicide.

Ms. JACKSON LEE. Madam Speaker, I would like to express my appreciation, and I yield back the balance of my time.

RACIAL HEALTH DISPARITIES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentlewoman from Ohio (Ms. BROWN) is recognized for the remainder of the hour as the designee of the majority leader.

Ms. BROWN of Ohio. Madam Speaker, I want to thank the gentlewoman from Texas (Ms. JACKSON LEE) and also the gentleman from New York (Mr. TORRES) for hosting this Special Order hour. I would like to thank my sister Chair BEATTY and all my Congressional Black Caucus colleagues for their continued work to shine a spotlight on racial health disparities.

Dr. Martin Luther King once said, "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." Madam Speaker, what was true in Dr. King's time continues to be true in our own. Communities of color have long experienced inadequate access to healthcare, housing, healthy food, and economic opportunity.

These inequalities independently, and working together, increase the prevalence of a host of dangerous health conditions, including diabetes, asthma, obesity, heart disease, and high blood pressure.

One of the most shocking examples of health inequity is our Nation's maternal and infant mortality crisis. Infants born to Black mothers are nearly twice as likely to die compared to those born to White mothers. Continuing after birth, minority Americans face far higher rates of illness and death from an array of conditions.

And what does this lead to, you might ask? Well, I am glad you did.

Black Americans have a life expectancy that is 4 years—I repeat, 4 years—shorter than White Americans.

The COVID pandemic's disproportionate impact on minority Americans exacerbated and exposed these disparities and the underlying inequalities driving them. Black and Brown Americans have faced far higher rates of hospitalization and death during the pandemic, and a growing body of research confirms what we have suspected—no, what we have known, what we have known for years—and that is there is an undeniable link between historical racism and the present-day medical health problems Black Americans face.

Health disparities that disproportionately impact Black Americans, from heart disease to maternal and infant mortality, are not merely an aberration. No, they are a direct result of structural, systemic, and institutional racism that has been passed down from generation to generation.

To build a healthier America for all, we must address the generational injustices that drive the racial inequities we continue to see today. That is why I was proud to declare racism as a public health crisis as a county council member, and that is why I am proud to work today with my Congressional Black Caucus colleagues to improve health outcomes for minority Americans and to address injustice in healthcare and throughout our society.

As Dr. King said, injustice anywhere is a threat to justice everywhere. That is our power and our message.

Madam Speaker, I yield to the gentleman from New Jersey (Mr. PAYNE), my friend.

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Mr. PAYNE. Madam Speaker, I thank the gentlewoman from Ohio for those wonderful remarks and her continued leadership here in the House of Representatives.

Madam Speaker, I rise today to discuss health equity disparities in America. Today, American minorities do not get the same quality of healthcare as our White counterparts, and it causes too many of them to die needlessly every single day. It is a problem that we must solve immediately.

The numbers tell the story. African Americans are 24 percent more likely to die in this country than White Americans.

The average life expectancy for a White American male is 75. For Black American males, it is about 71.

African Americans between 18 and 49 years old are twice as likely to die from heart disease than our White counterparts.

African Americans between 35 and 64 years old are 50 percent more likely to have high blood pressure than our counterparts.

One out of every five African-American deaths could have been prevented if they received the same level of healthcare as White Americans.

This should not be a surprise to anyone. Research shows that Black Americans receive less and lower quality care

than White Americans for a variety of ailments.

One study of 400 U.S. hospitals found that African Americans with heart disease received cheaper and older treatments than White Americans, not the newest technology available. They were less likely to receive coronary bypass operations. If they were lucky enough to receive surgery, they were discharged earlier regardless of post-surgery health conditions.

More than that, African-American women are less likely to receive a mastectomy or radiation therapy if they are diagnosed with breast cancer.

These disturbing facts are just part of the reason we need the Health Equity and Accountability Act. It would invest in solutions to make sure that all Americans had access to quality healthcare. It would help diversify our country's medical workforce to improve the care in marginalized communities. And it would eliminate the gaps in medical insurance coverage, particularly for Medicare and Medicaid recipients.

This is not all we must do. I am working diligently to improve the health disparities in how we treat colorectal cancer and limb amputations in this country. Colorectal cancer is the second-highest cause of cancer deaths and the fourth-highest cause of new cancers nationwide. This year, an estimated 150,000 Americans will be diagnosed with colorectal cancer. More than 52,000 people will die from it.

It is an even greater problem in minority communities. African Americans are 20 percent more likely to be diagnosed with colorectal cancer than White Americans. They are more likely to die from this deadly disease.

Yet, colorectal cancer is one of the most preventable types of cancer if detected early. That is why I am taking action to save lives from this dreaded disease.

In the 116th Congress, my Removing Barriers to Colorectal Cancer Screening Act was signed into law. It allows Medicare to cover procedures to remove cancerous growths, or polyps, during routine colorectal cancer screenings, called colonoscopies.

In addition, I introduced the Colorectal Cancer Payment Fairness Act to provide this new coverage by the end of 2023.

We must introduce more legislation and take more actions to encourage more colorectal and other cancer screenings and save lives.

Another area of health disparity is limb amputations, specifically limb amputations related to peripheral artery disease, or PAD. It is a disease of the arteries that is related to conditions that cause heart attacks. It can cause blockages in the arms and legs that could lead to amputations.

There are more than 200,000 PAD patients who lose limbs to this disease every single year. It is even worse in minority communities, as usual.

African Americans are three times more likely to have a limb amputated

than other Americans. These patients are less likely to receive the proper screenings and treatment for PAD compared to White patients.

Too few doctors who serve minority communities even know about PAD, so they miss the warning signs in patients that could have prevented amputations. But when they understand PAD, doctors can order a vascular screening and target it specifically.

I cofounded the bipartisan Congressional Colorectal Cancer Caucus and also the bipartisan Congressional PAD Caucus to create more awareness of these diseases.

Awareness is key, but we must do more to close the gap in healthcare coverage and treatment. We must give all Americans access to the best medical care. It will save thousands of lives every year in America, and it is simply the right thing to do.

Ms. BROWN of Ohio. Madam Speaker, I thank Mr. PAYNE for those remarks.

Madam Speaker, I yield back the balance of my time.

IMPROVING HEALTH OUTCOMES FOR BLACK COMMUNITIES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from New York (Mr. TORRES) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. TORRES of New York. Madam Speaker, I thank my colleague from Ohio (Ms. BROWN) for allowing me the opportunity to speak.

Madam Speaker, no human need is more important than health. Yet, no need is more neglected by America than Black health.

There are two areas on which I am going to offer brief comments. The first is maternal mortality. Among industrialized nations, the United States has among the highest rates of maternal mortality.

The crisis of maternal health represents American exceptionalism in the worst sense of the word. America is exceptionally cruel to Black mothers, who, far too often, face fatal barriers to accessing maternal care before, during, and after pregnancy. Although representing only 13 percent of the population, Black women account for nearly 40 percent of maternal deaths.

There are racial disparities not only in maternal but also infant mortality. The Black community has a maternal mortality rate and an infant mortality rate that are more than double the mortality rates in the White community.

No healthcare program is more critical to maternal health than Medicaid, which pays 40 percent of births nationwide. Attempts by Republican Governors to prevent Medicaid expansion have a disproportionately destructive impact on Black maternal health.

What is most tragic is that most maternal deaths in America are prevent-

able and can be prevented with public investments like the Build Back Better Act. The Build Back Better Act is so urgently needed because it would bring a long-overdue expansion of Medicaid to every corner of Black America.

The second topic is cancer. In 2022, more than 73,000 Black Americans are expected to die from cancer. When it comes to most cancers, Black Americans have the highest death rate as well as the shortest rate of survival.

In the long run, we must develop a cure for cancer in keeping with President Biden's unity agenda. But in the short run, we must double down on early detection. We must invest in the development and distribution of multi-cancer early detection tests.

Black Americans have a far lower likelihood of receiving early detection cancer screening than White Americans. Early detection can mean the difference between life and death. It can mean early treatment, which can prevent cancer from metastasizing beyond the point of no return.

Early cancer screenings and diagnoses are tragically less common in the Black community than elsewhere in America. Even in cases where the White community has a higher cancer incidence, the Black community will nonetheless have higher cancer mortality because of racial disparities in early cancer detection and diagnosis.

Expanding access to multi-cancer early detection tests would bring us closer to closing the racial gap in early detection and in early diagnosis, and in doing so, it would save lives.

GENERAL LEAVE

Mr. TORRES of New York. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. TORRES of New York. Madam Speaker, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from Arkansas (Mr. HILL) is recognized for 60 minutes as the designee of the minority leader.

Mr. HILL. Madam Speaker, I am delighted to be able to speak on the House floor today and talk about what we are witnessing, all Americans, as we turn on our televisions and see the horrors in Europe.

For the first time in eight decades, we are witnessing a mass, unprovoked ground and air invasion in continental Europe. Not since World War II have we seen this sort of aggressive, evil action by one European nation against another, let alone such action by a global power and member of the United Nations Security Council.